

PLAINTIFF Erin D Schweitzer	COURT CASE NUMBER 23-cv-1381
DEFENDANT Delain et al	TYPE OF PROCESS Second Amended Complaint and Order
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sheriff Todd J Delain	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2684 Development Dr. Green Bay, WI 54311	
SERVE AT	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Erin D Schweitzer Pekin Federal Correctional Institution PO Box 5000 Pekin, IL 61555	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

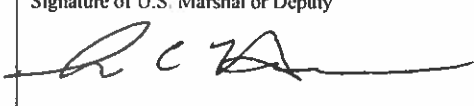
Signature of Attorney or other Originator requesting service on behalf of: Sheriff Todd J. Delain	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 4/25/2024
--	---	------------------	-------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. B89	District to Serve No. B89	Signature of Authorized USMS Deputy or Clerk	Date
---	--------------------	-------------------------------	------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Barb Hammer, Secretary	Date 4/30/24	Time 3:33	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

Service Fee 65	Total Mileage Charges (including endeavors) 8.04	Forwarding Fee 0	Total Charges 73.04	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) 73.04
-------------------	---	---------------------	------------------------	-----------------------	--

REMARKS

Deputy Hanscom served the order and amended complaint to Sheriff Delain's secretary. Secretary Barb Hammer accepted on behalf of the sheriff.